

(732) 390-9199

# Mount Sinai Memorial Chapels, Inc.

Peter Kulbacki, Mgr.  
NJ License #3381

MAILING ADDRESS: PO Box 7149, E. Brunswick, NJ 08816-7149

Chapel Location: 454 Cranbury Road, East Brunswick, NJ 08816-3675

## FUNERAL ARRANGEMENTS WORKSHEET

*Be sure to use **complete, full, LEGAL** names for all entries, and then indicate if there are nicknames or shortened names that are used for newspapers.*

FULL LEGAL NAME

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Maiden \_\_\_\_\_ Hebrew Name \_\_\_\_\_

FULL LEGAL RESIDENCE

Street \_\_\_\_\_ Town \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long living in this town? \_\_\_\_\_ years

Previous lived in towns \_\_\_\_\_

PHONE NUMBERS Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Email Address \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

PLACE OF BIRTH (Town/State) \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ Spouse's Name (Inc Maiden) \_\_\_\_\_

Date of Marriage \_\_\_\_\_ If predeceased, when? \_\_\_\_\_

EDUCATION (# of years, degree) \_\_\_\_\_

FATHER' NAME (first/middle/last) \_\_\_\_\_

MOTHER'S MAIDEN NAME (first/middle/last) \_\_\_\_\_

OCCUPATION (Most of life) \_\_\_\_\_ Worked \_\_\_\_\_ yrs / Retired in \_\_\_\_\_

EMPLOYER \_\_\_\_\_ City/State \_\_\_\_\_

Other Employment Information \_\_\_\_\_

EVER IN THE U.S. ARMED FORCES AT ANY TIME?  Y or  N Branch of Service \_\_\_\_\_

Service Dates \_\_\_\_\_ Rank \_\_\_\_\_ Service Related Disability  Y or  N

Any Honors \_\_\_\_\_

\*\*\*\* Be sure to get a copy of DISCHARGE PAPERS \*\*\*\*

DISPOSITION:  Burial  Cremation  Entombment  Other

PLACE OF DISPOSITION \_\_\_\_\_ Town/State \_\_\_\_\_

If Burial, Block \_\_\_\_\_ Section \_\_\_\_\_ Row \_\_\_\_\_ Range \_\_\_\_\_ Grave(s) \_\_\_\_\_

Deed in the name of \_\_\_\_\_ \*\* Be sure to get ORIGINAL DEED\*\*\*

PERSON IN CHARGE OF ARRANGEMENTS \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email Address \_\_\_\_\_

BIOGRAPHICAL INFORMATION (Use both full legal names and also indicate any nicknames)

FULL NAME	SPOUSE'S NAME	COMPLETE ADDRESS
SPOUSE		
SONS		
DAUGHTERS		
PARENTS		
BROTHERS		
SISTERS		

GRANDCHILDREN \_\_\_\_\_ GREAT GRANDCHILDREN \_\_\_\_\_ GR. GR. GRANDCHILDREN \_\_\_\_\_

TEMPLE BELONGED TO \_\_\_\_\_

ORGANIZATIONS BELONGED TO (Proper names, towns and **any offices held**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANY NEWSPAPER NOTICES?  Y or  N If Yes, list papers below:

\_\_\_\_\_  
\_\_\_\_\_

SPECIAL INSTRUCTIONS FOR NEWSPAPERS (i.e.: No age in paper, etc.)

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SERVICE PREFERENCES (Chapel Service, Graveside Service)

PREFER TAHARA (Ritual Preparation)? \_\_\_\_\_  
(NOTE: If you request Tahara, must use Tachrichim (shroud), **not** street clothing)

PREFER STREET CLOTHING OR TACHRICHIM (Shroud)? \_\_\_\_\_  
(NOTE: We will need Talis for men)

# of Certified Copies of Death Certificate \_\_\_\_\_  
(Need 1 each for probate of estate, Veterans Administration, 1 per bank or insurance company (**not** per account or policy), Motor Vehicle agency, 1 for each company that you have stocks/bonds, 1 for US Savings Bonds. NOTE: It does NOT make a difference how the account is titled – if your name appears on it **in any way**, you need a certified copy of the death certificate.)